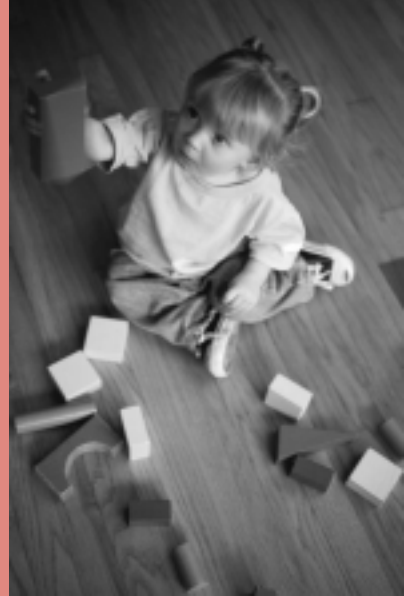


“In order to get youth not to smoke or to stop smoking, they need to hear anti-smoking messages from credible sources — their peers.”

— Shannon Brewer, 16, Tobacco Prevention and Control Council member



Next Steps

Submission of the Washington Tobacco Prevention and Control Plan is just the beginning.

The work it proposes sets forth a long-term commitment of resources and effort. In September 2000, the Department of Health will publish a final Tobacco Prevention and Control Plan with refinements based on feedback to this proposed plan. The final report will also provide more detailed information about program components, long-term outcomes, and cost-effectiveness.

As the agency accountable for the success of the program, the Department of Health will continue to use the Tobacco Prevention and Control Council and the scores of public and private agencies collaborating with it on tobacco prevention programs. All participating agencies and organizations will be working continuously to improve and strengthen their programs, identify long-term program outcomes, and evaluate the effectiveness of each program component.

During work on the preliminary plan and in the course of six community workshops, Council members identified several issues to be addressed in future years. Among these issues are:

Youth Advisory Board

This group, formed during the October 1999 Youth Summit, includes eight youth from four regions. It will be essential to ensuring youth involvement in all facets of tobacco prevention and control.

Environmental tobacco smoke (ETS)

Reducing exposure to ETS is one of the Council's four overall goals. The preliminary tobacco prevention plan tackles this issue mostly in the context of school- and community-based programs. Over the next few years, the Council will study approaches to reduce exposure to ETS in government buildings, and it will review enforcement of existing laws.

*The Washington Tobacco
Prevention and Control
Plan is just the beginning.
The work it proposes sets
forth a long-term
commitment of resources
and effort.*

Private and home schools

The Tobacco Prevention and Control Plan proposes ways to bring an anti-tobacco message to nearly a million public school students in Washington. But thousands more Washington children and youth attend private or home schools. Local tobacco control boards/coalitions will work with interested private schools, and the Council will explore new strategies for reaching private and home school students.

Children in out-of-home care

The Council will also consider appropriate approaches to bring an anti-tobacco message to thousands of Washington children and youth who live outside their homes in foster care, group care, and in Juvenile Rehabilitation Administration programs.

Healthy People 2010

The Council will tie its program efforts to new guidelines being developed by the U.S. Centers for Disease Control and Prevention.

Working with health care providers

Health care plans bear much of the burden of tobacco-related costs in Washington and other states. The Council will continue to work with health plans, particularly on the issue of coverage of cessation services.

Appendices

Appendix 1 — Work Groups and Staff

Appendix 2 — Alcohol, Tobacco, and Other Drug Inventory

Appendix 3 — Program Integration and Administration

Appendix 1

Work Groups and Staff

Community-based Programs

Chair: Alonzo Plough, Ph.D., MPH,
Director, Public Health — Seattle & King County

Staff: Dave Harrelson, American Cancer Society

Victoria Andrews — SIDS Foundation of Washington

Astrid Berg — American Lung Association of Washington

Bob Conroy — Evergreen Hospital

Willa A. Fisher, MD, MPH — Health Officer,
Bremerton-Kitsap County Health District

Nancy Golosman — Washington DOC

Sue Green — Department of Social and Health Services
Division of Alcohol and Substance Abuse (DASA)

Peggy Haecker — Community Mobilization Program, Benton-Franklin
Substance Abuse Coalition

Renee Hunter — Community Mobilization Program, Chelan-Douglas Together!
For Drugfree Youth

Elaine Ishihara — Executive Director, Washington Asian and Pacific Islander
Families Against Substance Abuse

Colin Jones — Public Health — Seattle & King County

Jennifer Lane — Grant County Prevention and Recovery Center

Nancy McKindsey — Tacoma-Pierce County Health Department

Tom Octuk — Seattle Indian Health Board

Rachel Roudybush — March of Dimes

Clarence Spigner, Dr. PH, MPH — University of Washington
School of Public Health and Community Medicine

Sue Vermeulen — Executive Director, King County Nurses Association

Corey Wakeley — Benton-Franklin Health District

Michael Wise — Educational Service District 123

School-based Programs

Chair: Terry Lindquist, Ph.D., Superintendent, Puget Sound Educational Service District

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Rick Anthony — Superintendent, White Pass School District

Ray Arment — Superintendent, Eatonville School District

Debbie Barlow — Auburn High School

Jim Dupree, MD — Renton School District

Deanna Fraker — Tukwila School District

Maddy deGive — North Thurston School District

Laura Edwards — Community Mobilization Program, King County Community Organizing Program

Donna Foxley — Auburn School Board

Marilee Hill-Anderson — Sumner School District

John Hughes — Office of the Superintendent of Public Instruction

Kathleen Keely — Fred Hutchinson Cancer Research Center

Kristina Kirn — Washington DOC

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Eustacia Mahoney — American Cancer Society

Martin Mueller — Office of the Superintendent of Public Instruction

Kim Noel — Puget Sound Educational Service District

Barbara Ritter — Director, Bethel School District

Michael Silver — Superintendent, Tukwila School District

Pat Smithson — Project Manager, Federal Way School District

Steve Smothers — Department of Social and Health Services
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Chris Covert-Bowles, MD — COMMIT/Bellingham

Sue Curry, Ph.D. — Director, Center for Health Services,
Group Health Cooperative

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School of Pharmacy

Roberta Devine, Ph.D. — Clinical Psychologist

Mark Doescher, MD, MSPH — Assistant Professor, University of Washington
Family Medicine Research Section

Jim Farrow, MD — University of Washington

Jim Gorman — Snohomish County Division of Alcohol
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Michael Leon-Guerrero — Public Health — Seattle & King County

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Barb Lisaius — Regence BlueShield

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Gay Neal — Educational Service District 114

John Perkins, Ph.D. — Keep the Change

Scott Pritchard — Premera Blue Cross

Knut Ringen, Dr.Ph. — Stoneturn Consultants

Trish Seghers — Group Health Northwest, Center for Health Promotion

Susan Smith — PacifiCare of Washington

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Karen Steingart, MD, MPH — Health Officer, Southwest Washington Health District

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Julie Thompson — Fred Hutchinson Cancer Research Center

Juliet Van Eenwyk, Ph.D. — Acting State Epidemiologist,
Department of Health

Youth Summit Trainers

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Youth Advisory Board

B. J. Bialk (Bremerton), Catie Campbell (Beaver), Brandon Dailey (Spokane), Davion Davenport (Tacoma), Erik Mertens (Kennewick), Shannon O'Connor (Richland), Anne Pettingill (Spokane), Joseph Silva, (Sumner).

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Karen Krueger — Cessation
Lisa LaFond — Public Awareness and Education, Youth Access
Filiz Satir — Communications
Mickey Wardell — Administration
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Appendix 2

Alcohol, Tobacco, and Other Drug Inventory

As part of the budget language from the 1999 Legislative session, the Department of Health was required to complete an inventory of alcohol, tobacco and other drug (ATOD) prevention activities aimed at youth. The language reads as follows:

The plan shall also include an inventory of existing public-funded programs that seek to prevent the use of tobacco, alcohol, or other drugs by children and youth and recommendations to coordinate and consolidate these programs in order to achieve the greatest positive outcomes within total available resources.

Process

In July and August 1999, the Department of Health (DOH) developed and implemented a plan to inventory all youth-oriented ATOD prevention efforts in Washington State. Draft inventories were developed and presented to key stakeholders for review. Final inventories were distributed to multiple state agencies in August. All agencies that reported on relevant program areas completed their inventory work in September. This draft summary was then prepared and mailed to all respondents for review and comment.

Results

The key data elements in the survey were *activities, fund source, annual budget, and a list of reporting mechanisms*.

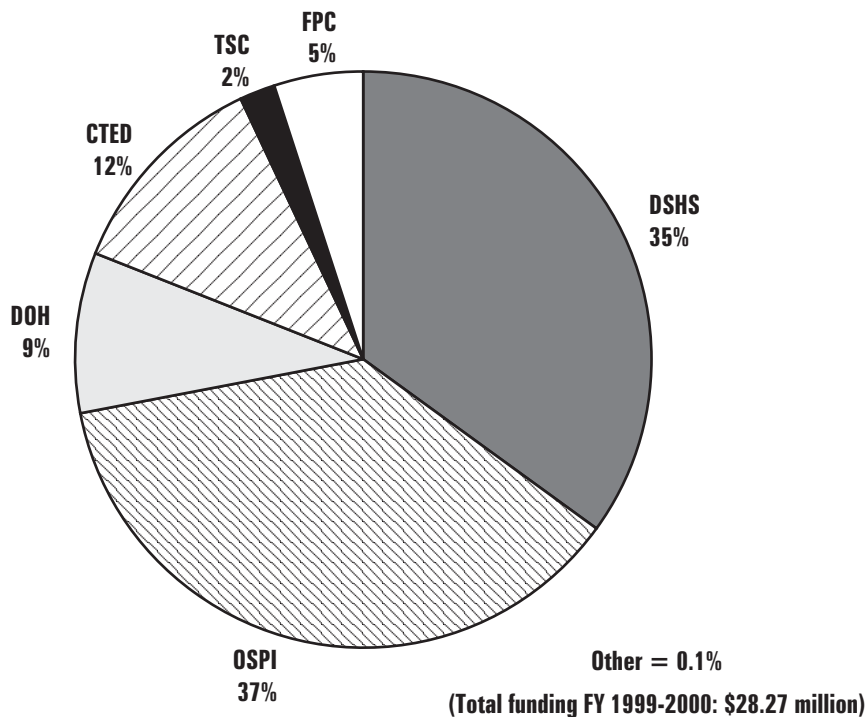
There were some especially challenging aspects to the inventory process. First, although the list of activities represent the broadest possible list of prevention activities, some state agencies do not require that service providers categorize their efforts by line-item activity, mostly based upon the concept of honoring community-based approaches to prevention. Second, this inventory process may not capture all publicly funded prevention efforts, especially those that bypass state agencies and go directly to the local level (public or private).

There are current prevention efforts (most notably the Community Public Health and Safety Networks) that intersect with adolescent substance abuse, but they have a broader scope of multiple problem behaviors.

Perhaps the most valuable aspect of this inventory effort was the opportunity to learn, in a comprehensive way, the collective bundle of collaborative efforts already underway in Washington State relating specifically to substance abuse prevention, most notably the Washington State Incentive Grant (SIG). The import of SIG and related system change efforts are described below in the Recommendations section.

The substance abuse system in Washington State is complex, currently involving major programs within four state agencies: the Department of Community, Trade and Economic Development (CTED); the Department of Social and Health Services

Washington Substance Abuse Prevention Expenditures Fiscal Year 1999-2000



Division of Alcohol and Substance Abuse (DASAs), the Office of the Superintendent of Public Instruction (OSPI); DOH; one legislative/executive group, the Family Policy Council (FPC); and smaller programs in the Liquor Control Board (LCB) and the Traffic Safety Commission (TSC). To date, there are a number of interagency forums and projects that address substance abuse prevention. An enhanced statewide program on tobacco prevention and control will only place a greater premium on interagency cooperation and collaboration.

The effort already underway in Washington State relating to state-level prevention systems changes is the Washington State Incentive Grant Substance Abuse Prevention Plan. There are six objectives in this plan, all of which may have relevance for tobacco prevention and control efforts

(common outcomes, common community needs assessment tools, selection criteria for science-based prevention projects, uniform reporting mechanisms, guidelines for leveraging and redirecting money and resources, and workforce development). A 30 member Governor's Substance Abuse Prevention Advisory Committee, which includes participation from the Department of Health, is charged with formulating a report to the Governor in Spring 2000, recommending a streamlined model for state substance abuse prevention planning, program, and administration.

An example of another similar but more narrowly defined interagency initiative is the Collaborative Needs Assessment Work Group, a committee of the Washington Interagency Network. Since October 1998, the work group has been discussing the possi-

bilities of collapsing the various agencies' needs assessment processes into one comprehensive exercise or process, a vision strongly supported by local prevention providers.

Once a comparison of each agency's specific needs assessment questions and formats to determine similarities and differences has been completed, local prevention providers will be brought into the process to help design a needs assessment system that will be workable and have utility on the local level. The group has targeted the 2001-2003 biennium for implementation of a collaborative needs assessment that will serve multiple agencies.

Recommendations

There are two main recommendations to be distilled from this inventory.

- 1) Based on the breadth and depth of ATOD infrastructure in Washington State, DOH would work with state and local agencies to enhance existing substance abuse and related risk prevention programs.
- 2) DOH will continue to fully participate in all existing inter-agency substance abuse prevention projects, initiatives, and task forces in an ongoing effort to streamline prevention systems.

Program Integration and Administration

It is essential to involve the key state agency partners who support specific treatment programs for alcohol and substance abuse and who provide school and community drug, alcohol and tobacco prevention activities. Funds have been budgeted to support one staff person in each of three partnering agencies to assist in implementing the work proposed in the Tobacco Prevention and Control Plan.

Office of the Superintendent Of Public Instruction (OSPI)

OSPI is a critical state partner in achieving full and effective implementation of school-based tobacco prevention and control programs. An OSPI-based staff person will work closely with the Department of Health (DOH) and the nine regional Educational Service Districts to:

- Implement a collaborative vision for school-based tobacco prevention that will integrate it within broader contexts, such as general prevention and academic requirements;
- Support and oversee statewide implementation of school-based programs;
- Develop tobacco-related resources and materials (e.g. Teacher Tool Kits) for public schools;
- Support ESDs in developing and providing training and technical assistance for schools;

- Collect, compile, and report local and regional program evaluation data.

Division of Alcohol and Substance Abuse (DASA)

DASA is an important partner because it focuses on other substance abuse prevention issues, of which tobacco is a part. DASA will help maintain links to other community-based prevention programs. A tobacco program staff person at DASA will:

- Work collaboratively with DOH, OSPI, and ESDs to define and clarify links among the “big picture” pieces of school-based tobacco prevention (e.g., relationship to community-based prevention and intervention programs);
- Work collaboratively with DOH, CTED, and the Family Policy Council to provide input on addressing tobacco prevention within the broader risk prevention context.

Department of Community, Trade, and Economic Development (CTED)

CTED, through its children and youth focused programs, serves to provide a vital link with populations at risk for early exposure to tobacco. In its role as a partnering agency, CTED will serve to integrate programs throughout the range of community-based programs within its responsibility.

The CTED-based staff person will:

- Work to connect tobacco prevention and control activities to CTED's community mobilization activities;
- Work with Governor's Council on Substance Abuse staff at CTED to ensure that the Council is informed of the latest tobacco prevention and control information and outcomes;
- Assist DOH to ensure the state-wide coordination and program evaluation of community-based programs.

The partnering agency staff provided through Tobacco Prevention and Control Program funds will form the core of an interagency team which will meet on a regular basis and work to ensure strong communication among state agencies involved in drug, alcohol, tobacco, and related prevention activities.

Department of Health

The Department of Health will administer the work described in the Tobacco Prevention and Control Plan. In order to accomplish this work, enhanced staffing and organizational

capacity are needed. It is planned that a total of 8.5 new staff will be provided as a part of the Tobacco Prevention and Control Plan in Year 1. Three of these positions will become staff of the partnering agencies as discussed earlier. The remaining 5.5 staff will be housed at DOH and will be responsible for implementing the various components of the Tobacco Prevention and Control Plan.

With the enhancement of the Tobacco Prevention and Control programs at DOH, typical agency support is needed, including budget, accounting, auditing, rent, information services, travel, and facilities management and maintenance. These items have been built into the overall budget and constitute 3% of the budget.

Year 1 program administration and integration costs would total \$777,000 — \$230,000 for interagency coordination and \$547,000 for operational costs. In sustaining years, estimated total administration and integration costs would be \$852,000 — \$230,000 for interagency coordination and \$622,000 for operational costs. (Council and plan development is funded in the current biennial appropriation.)



Bob, I've got emphysema.

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